

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	F-H	10-1-01	10/12/01
O.I.P.E. CLASSIFIER		122	11/09/01
FORMALITY REVIEW	cy	1122	11/29/02
RESPONSE FORMALITY REVIEW	MM	825	6-18-02

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
(Through numeral)... Canceled	A	Appeal
Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	3/1/01	Final	3/1/01	Final	3/1/01
Original	3/1/01	Original	3/1/01	Original	3/1/01
51	N	51	N	101	
52		52		102	
53		53		103	
54		54		104	
55		55		105	
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If more than 150 claims or 10 actions  
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Form PTO-438  
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